

INVITED COMMENTARY

Working Together: Health Promoting Schools and School Nurses

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The health of children and adolescents pose multiple challenges for health professionals in these times of rapid socioeconomic, political, cultural, epidemiological and health system changes. The health promoting schools approach and accompanying national models, regional and global initiatives, provide a mechanism for integrating health promotion and core nursing functions into schools and communities, while preventing premature morbidity and mortality from chronic and debilitating conditions. Nurses, in collaboration with educators, other health professionals, students, parents, councils and community members, are core and instrumental means to generate and support change in school settings, aimed at creating environments supportive to health. [*Asian Nursing Research* 2007;1(3):147–152]

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HEALTH PROMOTION: A PRIORITY

The current health and development challenges of children and adolescents pose multiple challenges for health professionals, especially during these times of rapid socioeconomic, political, cultural, epidemiological and health system changes that are occurring nationally and globally. The growing burden of noncommunicable diseases (NCDs), mental health problems and injuries are not only related to modifiable risk factors, including changes in diets, physical activity and smoking, but evidence also suggests a shift of the burden of NCDs to poor and marginalized populations (World Health Organization [WHO], 2004; WHO Western Pacific Region, 2007).

The *health promoting schools approach* and accompanying national models, regional and global

initiatives, provide a mechanism for integrating health promotion and core nursing functions into schools and communities, contributing to the achievement of the United Nations Millennium Development Goals while preventing premature morbidity and mortality from chronic and debilitating conditions.

HEALTH PROMOTING SCHOOLS APPROACH

Health promoting schools support school, community, health and education partnerships which continuously strengthen their capacities as healthy settings for living, learning and working (WHO Western Pacific Region, 1995). Health promoting schools serve as ideal settings to address the multiple and varied factors influencing health. Health

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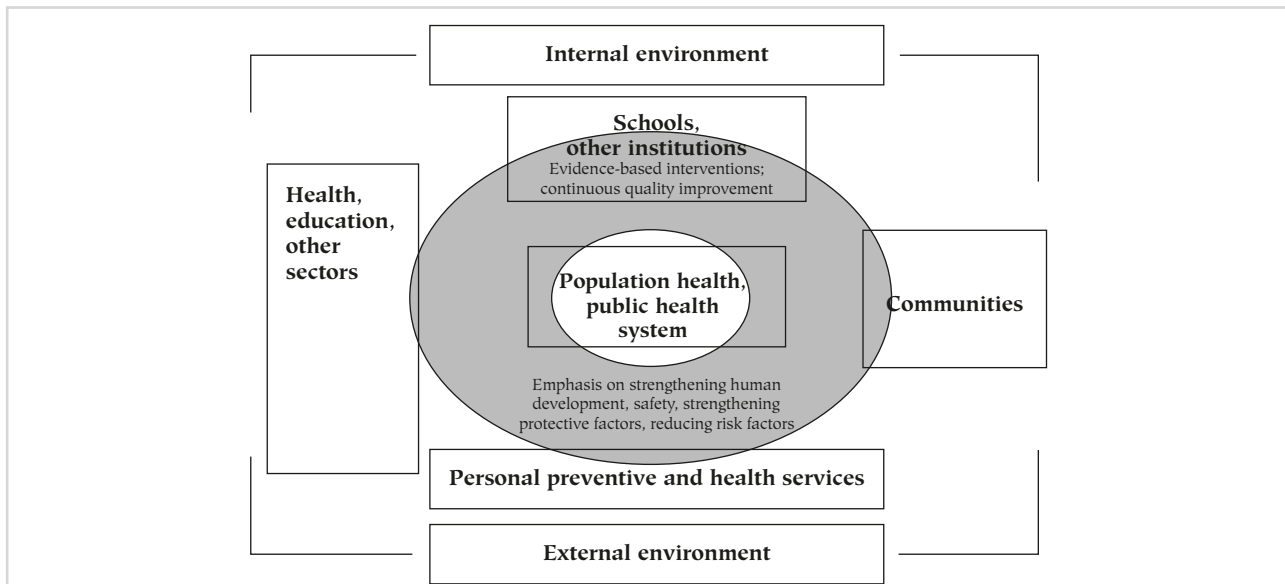


Figure 1. A public health approach to health promoting schools. Adapted from: Mercado, 2004; WHO Western Pacific Region, 2003.

promoting schools, while serving as positive settings for health protection and promotion, put into action the principles of the Ottawa Charter for Health Promotion (WHO, 1986), which describes health promotion as a process of enabling people to increase control over, and to improve, their own health. The Ottawa Charter is based on three basic strategies applied to five key actions areas for health promotion (WHO):

- build healthy policy;
- create supportive environments;
- strengthen community;
- develop personal skills; and
- reorient health services.

PUBLIC HEALTH FOUNDATION OF HEALTH PROMOTING SCHOOLS

The Ottawa Charter, as well as the conceptual public health approach presented in Figure 1, illustrates the foundational principles, interrelated components, influencing factors, necessary partnerships

and intersectoral collaboration underpinning a population-based public health approach to health promoting schools. Such an approach provides a comprehensive basis for assessing and improving nursing components of health promoting schools, as part of overall public health system functioning, aimed at protecting, promoting and improving the health of populations.

Nurses, in collaboration with educators, other health professionals, students, parents, councils and community members, are core and instrumental means to generate and support change in school settings, aimed at creating environments supportive to health. This is made possible through their communication and interactions with students and other persons in schools and communities, the settings in which persons study, live and work.

HEALTH PROMOTION IN THE REGION

Selected health promoting school and related human resources for health initiatives in the WHO Western Pacific Region are presented chronologically in Table 1.

Table 1**Health Promoting School and Related Human Resources for Health Initiatives in the WHO Western Pacific Region**

1993	Schools identified as a priority for health promotion; endorsed as key work and learning sites for the Healthy Settings Approach
1994–2000	Regional plan of action for health promoting schools and accompanying planning guidelines (a series of 5 booklets)
1994	Health promoting schools' workshop for Pacific Island countries, Sydney, Australia
1995	WHO workshop for national coordinators of health promoting schools in the Pacific Schools identified as a priority in the <i>Healthy Islands Initiative</i>
2002–2004	Regional review of progress towards health promoting schools Regional operational research on adolescent health and development issues, related health worker competencies and curricular content Development of the Urbani School Health Kit*
2006–2007	Piloting and production of the Urbani School Health Kit Regional update of health promoting schools status Seven case studies from the region prepared for the Global School Health Meeting (Vancouver, Canada) and the International Union of Health Promotion and Education (IUHPE) Conference
2007–2008	Proposed updating of the regional health promoting schools guidelines Regional assessment and mapping of nursing education curricula, resources, needs

*The Urbani School Health Kit was developed in the WHO Western Pacific Region and named in honor of Dr Carlo Urbani, Medical Officer, WHO Vietnam, who died of SARS after caring for the first SARS patients in 2003.

Table 2

Professional Responsibilities and Roles of Health Workers in Adolescent Health and Development in 16 Countries in the Western Pacific Region

Actual professional responsibilities/roles	Country responses (n = 16)
Teaching	11
Counseling	8
Clinical role	7
Organizational role	3
Professional role	3
Advocacy	2
Not specified	5

The professional responsibilities of health workers in relation to adolescent health and development are highlighted in Table 2. These results of survey sampling of 16 countries of the WHO Western Pacific Region (2002) reveal the important roles played by

school nurses and others in teaching and counseling, as well as a need for more fully developing and utilizing the corresponding organizational, professional and advocacy functions of school health nurses.

NURSING CONTRIBUTIONS TO HEALTH PROMOTING SCHOOLS

School nurses, including advanced practice nurses, or nurse practitioners, play key leadership roles in facilitating cooperation and positive, strategic relationships between schools, parents and communities. As stated in a position statement of the National Association of School Nurses (2003):

“Advanced practice registered nurses can provide unique and valuable services for students. In those communities where students do not receive consistent, appropriate medical care, advanced practice registered nurses offer a cost effective

solution to this need. School districts that include both school nurses and advanced practice nurses on their staff will be able to offer a broader range of health services. The anticipated outcome is more health needs of students being met, resulting in a positive impact on the health and educational performance of students."

During an era of continued outbreaks of communicable diseases, nurses, given the vital roles they play in communication between students, school personnel and public health officials, serve as a valuable resource in preventing and responding to threats to the health of school populations, through teaching prevention and basic but important precautions, focused on respiratory and hand hygiene, as well as other important precautions. School nurses also play a pivotal role in addressing the challenges faced by many countries in addressing the dual burden of both infectious and chronic illnesses through the forging of strong linkages between health and education. School nurses, other team members, partners and communities can foster interventions addressing:

- healthy diet and hygiene;
- promoting psychosocial health, including the building of self-esteem, healthy resolution of conflict and protection from discrimination and bullying;
- physical activity;
- smoke-free and drug-free environments and life skill development around issues and pressures such as the use of tobacco, alcohol and drugs;
- safe environments to prevent injury;
- promoting responsible relationships and sexual health, through the prevention of unintended pregnancy and sexually transmitted infections; and
- healthy and safe environments with clean water, adequate sanitation facilities and no litter.

SCHOOL HEALTH INITIATIVES

Multiple global and regional health-promoting, nutrition-friendly and child-friendly school initiatives

have been undertaken by countries and networks, in collaboration with relevant United Nations and other international partners, to promote overall health and development within school and community settings. These are listed below:

- Nutrition Friendly School Initiatives (WHO, UNICEF, Food and Agriculture Organization [FAO], Standing Committee on Nutrition, World Food Programme [WFP], Education Development Center);
- The FRESH Initiative (Focusing Resources on Effective School Health — UNESCO);
- Essential Package (UNICEF/WFP);
- Child-Friendly Schools (UNICEF);
- Global School Health Initiative, Health Promoting Schools (WHO); and
- School Food and Nutrition Education Programme (FAO).

School health promotion planning, implementation and evaluation involves a sequence of strategic planning steps, including obtaining commitment and raising awareness, forming teams and coalitions, creating a shared vision, conducting needs and situational assessments, planning, prioritizing, implementing and evaluating. Supportive and effective health promoting school policy frameworks can be guided by various national, regional and global guidelines and available appraisal tools. Such tools support school health policy and curricular development, awareness and capacity-building and community relationships. Specific guidelines address school nutrition, social and physical environmental and health service needs, as well as personal health skill development.

EFFECTIVENESS OF SCHOOL HEALTH PROMOTION

Health system changes and reforms, including a renewed emphasis on effectiveness, particularly safety and quality, have mandated that all health professionals evaluate health promoting school interventions. Recent international reviews of the

effectiveness of school health promotion have shown that school health promotion interventions can be effective. Interventions of high intensity and duration are needed, as well as activities which cross domains, such as curricular changes, linked to school environment and community interventions (Stewart-Brown, 2006).

The vital role played by schools in the development of children and young persons is crucially important now and in the years to come, as increasing economic pressures placed on families as well as migration and changes in family functioning impact parenting, family life and relationships. Evidence concerning student engagement in school and supportive social interactions is very compelling, for these reasons (Barnekow et al., 2006; Currie, Todd, & Wijckmans, 1990):

- students most engaged in school are more likely to succeed academically and to display positive health behavior;
- students most alienated are more likely to engage in high risk behavior;
- students with problems at home are less likely to engage in certain high-risk behaviors if they feel good about school.

Schools can reduce the risk of alienating students by (Calabrese, 1987; Resnick, Harris, & Blum, 1993):

- providing opportunities for a meaningful contribution to school and community life;
- achieving more participatory approaches to teaching and learning;
- developing personal and social responsibility through school organizations; and
- providing an anchor for students in difficulty.

PSYCHOSOCIAL HEALTH PROMOTION IN SCHOOLS

Researchers have concluded that psychosocial and mental health promotion in schools is among the

most successful of health promotion interventions, while substance misuse prevention is among the least successful of interventions reviewed (Stewart-Brown, 2006). Examples of psychosocial interventions implemented in schools include life skills education of children and youth to improve their psychosocial competencies: the WHO child-friendly school initiative, as well as the *MindMatters* initiative in Australia. The WHO child-friendly school mental health initiative aims to create supportive and nurturing environments that support connections between school and family life by:

- promoting a sound psychosocial environment in the school to complement the life skills curriculum;
- encouraging tolerance and equality between boys and girls and different ethnic, religious and social groups;
- promoting the self-esteem and self-confidence of children; and
- facilitating active involvement and cooperation, avoiding the use of physical punishment, and non-tolerance of bullying.

The Australian *MindMatters* program applies the principles of the WHO's *Global School Health Initiative* and those of the Australian *National Health Promoting Schools framework*, to embed promotion, prevention and early intervention mental health and suicide prevention activities into secondary schools, to promote school environments where young persons feel safe, valued, engaged and purposeful (Australian Government Department of Health and Ageing, 2000).

MOVING FORWARD

Nurses can maximize their contributions to health promoting schools by analyzing:

- What are the needs?
- What has been done — was it effective or not?
- What does it cost?

- What still needs to be done?
- What resources and partnerships are needed?

Comprehensive situational analyses lay the foundation for clear health promotion leadership, well-defined goals, supportive policy frameworks, and high expectations of students and their full involvement in the life of the school. The needs of the most vulnerable children and youth, including those not in schools, require special emphasis. Building a coalition, or a team of partners, across professions, within both the school and community will enhance a strong commitment to collaboration, as well as facilitate the sustained change processes needed to influence health-related behaviors and the necessary changes in schools, educational systems and communities.

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